# IAP20 Rec'd PCT/PTO 22 MAR 2006

#### **APPLICATION DATA SHEET**

| Application Information          |                                     |
|----------------------------------|-------------------------------------|
| Application number::             |                                     |
| Filing Date::                    |                                     |
| Application Type::               | Regular                             |
| Subject Matter::                 | Utility                             |
| Suggested classification::       |                                     |
| Suggested Group Art Unit::       |                                     |
| CD-ROM or CD-R?::                | None                                |
| Number of CD disks::             |                                     |
| Number of copies of CDs::        |                                     |
| Sequence submission?::           |                                     |
| Computer Readable Form (CRF)?::  | No                                  |
| Number of copies of CRF::        |                                     |
| Title ::                         | METHOD FOR OPERATING A WIND TURBINE |
|                                  | DURING A DISTURBANCE IN THE GRID    |
| Attorney Docket Number::         | 970054.504USPC                      |
| Request for Early Publication?:: | No                                  |
| Request for Non-Publication?::   | No                                  |
| Suggested Drawing Figure::       |                                     |
| Total Drawing Sheets::           | 17                                  |
| Small Entity?::                  | No                                  |
| Petition included?::             | No                                  |
| Petition Type::                  |                                     |
| Licensed U.S. Gov't Agency::     |                                     |
| Contract or Grant No::           |                                     |
| Secrecy Order in Parent Appl.?:: | No                                  |

Express Mail No.: EV741780512US

#### **First Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

**Full Capacity** 

Given Name::

Aloys

Middle Name::

Family Name::

Wobben

Name Suffix::

City of Residence::

Aurich

State or Province of Residence::

Country of Residence::

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Street of mailing address::

Argestrasse 19

City of mailing address::

Aurich

State or Province of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address::

26607

## **Correspondence Information**

Correspondence Customer Number ::

00500

## Representative Information

| Representative Customer Number:: | 00500 |
|----------------------------------|-------|
|                                  |       |

## **Domestic Priority Information**

| Application ::   | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/EP2004/010616    | 09/22/04             |
|                  |                   |                      |                      |

Express Mail No.: EV741780512US

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------|-------------------|----------------------|----------------------|
|                |                   |                      |                      |

# **Foreign Priority Information**

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| Germany   | 03 021 439.9         | 09/23/03      | Yes                |
|           |                      |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |

# **Assignee Information**

| Assignee name::                         |      |
|---|------|
| Street of mailing address::             |      |
| City of mailing address::               |      |
| State or Province of mailing address::  | - 17 |
| Country of mailing address::            |      |
| Postal or Zip Code of mailing address:: |      |

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